

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Managed Care Organizations

Memorandum No: 06-97
Issued: December 19, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Clinics: 2007 Changes and Additions to CPT® and HCPCS Codes, Policies and Fee Schedules

Effective for dates of service on and after January 1, 2007, unless otherwise specified, the Health and Recovery Services Administration (HRSA) will:

- Begin using the Year 2007 Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) Level II code additions as discussed in this memorandum;
- Update the Physician-Related Services Fee Schedule to include the new 2007 codes and fees for EPSDT services; and
- Update and clarify various policies and payment rates.

Overview

- **All policies previously published remain the same unless specifically identified as changed in this memo.**
- Do not use CPT and Healthcare Common Procedure Coding System (HCPCS) codes that are deleted in the “*Year 2007 CPT*” book and the “*Year 2007 HCPCS*” book for dates of service after December 31, 2006.

Fee Schedule

- You may view HRSA’s Physician-Related Services and EPSDT Fee Schedules on-line at <http://maa.dshs.wa.gov/RBRVS/Index.html>
- For a paper copy of the fee schedule, see “How can I get HRSA’s provider documents?” on page 4 of this memorandum.

Bill HRSA your usual and customary charge.

Maximum Allowable Fees

HRSA used the following resources in determining the maximum allowable fees for the Year 2007 additions:

- Year 2007 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units;
- Year 2007 Medicare Laboratory Fee Schedule; and
- Current Conversion Factors.

Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, HRSA publishes only the official brief description for all codes. Please refer to your current CPT book for full descriptions.

New and Deleted 2007 HCPCS Modifiers

Please review the 2007 HCPCS book for those modifiers that have been added or deleted for the current year. HRSA accepts all modifiers as informational only. Modifier descriptions may be viewed in the 2007 HCPCS book. HRSA may require inclusion of some of the modifiers for payment purposes. HRSA will notify you in future memorandums when a modifier is required for payment purposes.

Immunization Changes and Updates

HRSA no longer requires prior authorization (PA) for CPT code 90734 (Meningococcal vaccine, im) for those clients **age 18 years and under**. This vaccine is available at no charge from the Department of Health (DOH). For those clients age 19 years and above, HRSA **still requires expedited prior authorization (EPA)** for CPT code 90734.

Retroactive to dates of services on and after July 5, 2006, Boostrix (CPT code 90715) is available at no charge from DOH.

Retroactive to November 1, 2006, HRSA will pay for CPT code 90680 (Rotovirus vacc 3 dose, oral) under the EPSDT program for children under 32 weeks of age beginning November 1 2006. HRSA will pay for both FFS and HO clients. This vaccine will not be available free-of-charge from DOH. Providers must bill acquisition cost and may bill for the administration of the vaccine.

| Procedure Code | Brief Description | January 1, 2007 Maximum Allowable Fee |
|----------------|-----------------------------|--|
| 90680 | Rotovirus vacc 3 dose, oral | A.C |

For EPSDT screening visits **only**, HRSA reimburses for the administration of the vaccine and the vaccine itself (if appropriate) without requiring a modifier 25 with the E&M procedure. This applies to CPT codes 99381- 99385 and 99391 – 99395 used for EPSDT screening visits.

For all other purposes, if an immunization is the only service provided, you must bill only for the administration of the vaccine and the vaccine itself (if appropriate). You must not bill an evaluation and management (E&M) procedure unless a significant and separately identifiable condition exists and is reflected by the diagnosis and documented in the client record. In this case, bill the E&M with modifier 25. If you bill the E&M on the same date of service as a vaccine administration without modifier 25, HRSA will deny the E&M service.

Exception: If an immunization is the only service provided (e.g., immunization only clinic) and a brief history of the client must be obtained prior to the administration of the vaccine, you may bill 99211 with modifier 25. The brief history must be documented in the client record.

Reminder:

- When billing HRSA for an immunization that is available free-of-charge from the DOH, you must include both of the following:
 - ✓ The appropriate procedure code for the vaccine given; and
 - ✓ The SL modifier (**For example:** 90707 SL).

HRSA pays \$5.96 for the SL modifier billed with vaccines obtained free from DOH.

- HRSA pays for nasal flu vaccines (CPT 90660) from October 1-March 31 for each year.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at:
<http://wamedweb.acs-inc.com>

How can I get HRSA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.